N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

70

Do not use this space.

File No. 19854

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo (No. Veterans' Administration Facility St. 3rd Ward)

2. FULL NAME Oliver Shobe

(a) Residence, No. Veterans Hospital St., Ward. St. Louis, Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 16, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Oliver Shobe (deceased)

14. BIRTHPLACE (CITY OR TOWN) Washington, Mo. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Minnie Perry (deceased)

16. BIRTHPLACE (CITY OR TOWN) Labadie, Mo. (STATE OR COUNTRY)

17. INFORMANT Records, V.A.Facility (ADDRESS) Excelsior Springs, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE St. Louis, Mo. DATE 6-11-34, 19

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs, Mo.

20. FILED June 10, 19 Mr Rea McCausen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24-34, 19, to 6-10-34, 19

I last saw him alive on 6-10-34, 19. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma, liver	
Other contributory causes of importance	

Name of operation Laparotomy Date of 5-26-34

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury, 19

Where did injury occur? XX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

XX

Manner of injury XX

Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? XX

If so, specify XX

(Signed) H. C. HARDEGREE, M. D.

(Address) VAF, Excelsior Springs, Mo.